



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

October 12, 2009

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of The Grove, 340 W. Cornhusker requesting a class C liquor license.

This location was previously known as Uncle Ron's which held a class C liquor license

Thomas Jelsma, owner has requested that he be approved as the manager of the liquor license.

Background information on Mr. Jelsma will be omitted as he was a past approved holder of a liquor license for over 20 years.

The required training will be completed on November 12, 2009.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

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CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEE CHECK DESIRED CLASS(S)

NEBRASKA LIQUOR
CONTROL COMMISSION

RETAIL LICENSE(S)

- | | | | |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/> | A | BEER, ON SALE ONLY | \$45.00 |
| <input type="checkbox"/> | B | BEER, OFF SALE ONLY | \$45.00 |
| <input checked="" type="checkbox"/> | C | BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE | \$45.00 |
| <input type="checkbox"/> | D | BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY | \$45.00 |
| <input type="checkbox"/> | I | BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY | \$45.00 |

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

MISCELLANEOUS

- | | | | | |
|--------------------------|---|--------------------------|------------------------|-----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00 | \$1,000 minimum bond |
| <input type="checkbox"/> | O | Boat | \$ 95.00 | |
| <input type="checkbox"/> | V | Manufacturer | \$ 45.00(+license fee) | \$10,000 minimum bond |
| <input type="checkbox"/> | W | Wholesale Beer | \$545.00 | \$5,000 minimum bond |
| <input type="checkbox"/> | X | Wholesale Liquor | \$795.00 | \$5,000 minimum bond |
| <input type="checkbox"/> | Y | Farm Winery | \$295.00 | \$1,000 minimum bond |
| <input type="checkbox"/> | Z | Micro Distillery | \$295.00 | \$1,000 minimum bond |

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | Individual License (requires insert form 1) |
| <input type="checkbox"/> | Partnership License (requires insert form 2) |
| <input checked="" type="checkbox"/> | Corporate License (requires insert form 3a & 3c) |
| <input type="checkbox"/> | Limited Liability Company (requires form 3b & 3c) |

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Patrick T. O'Brien

Phone number: 402-475-0811

Firm Name Butler, Galter, O'Brien & Boehm

PREMISE INFORMATION

Trade Name (doing business as) The Grove

Street Address #1 340 W. Cornhusker

Street Address #2 _____

City Lincoln

County Lancaster

Zip Code 68521

Premise Telephone number _____

Is this location inside the city/village corporate limits:



YES



NO

Mail address (where you want receipt of mail from the commission)

Name Tommy Jelsma

OCT - 3 2009

Street Address

#1 2445 N.W. 4th Street

Street Address

#2 _____

City Lincoln

County Lancaster

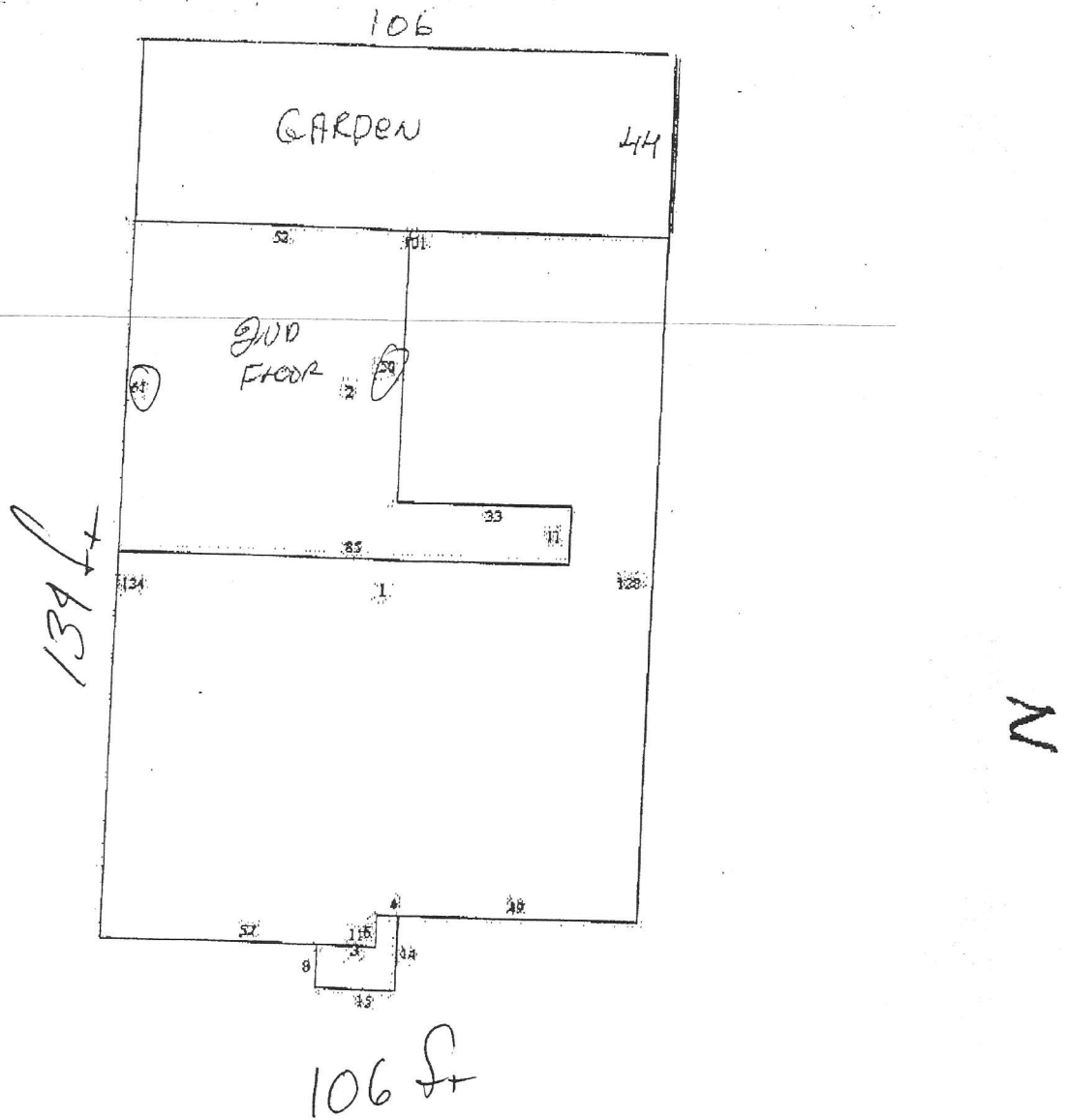
Zip Code 68521

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

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**NEBRASKA LIQUOR
CONTROL COMMISSION**



APPLICANT INFORMATION**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

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2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

**NEBRASKA LIQUOR
CONTROL COMMISSION**

If yes, give name of business and license number _____

- a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.
b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender _____

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application. _____

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner. _____

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain. _____

No silent partners

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

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9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

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If yes, list the person, the law enforcement agency involved and the person's exact duties

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CONTROL COMMISSION

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Cornhusker Bank; Tommy Jelsma; Norma Jelsma; Kimarra Elam; Connie Jelsma

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

Spa, Inc., same location; license number unknown; sold business

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations. Tommy L. Jelsma; 20-30 hours

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages.

30 years; The Grove, 340 W. Cornhusker, Lincoln, Nebraska

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date September 30, 2011

☐ Deed

☐ Purchase Agreement

15. When do you intend to open for business? Upon approval of license

16. What will be the main nature of business? Liquor sales

17. What are the anticipated hours of operation? Wed thru Sat.; 8:00 a.m. to 1:00 p.m.

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Lincoln, Nebraska	1999	2009	Lincoln, Nebraska	1999	2009

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

Tommy L. Jelsma
Signature of Applicant

Norma C. Jelsma
Signature of Spouse

Signature of Applicant

Signature of Spouse

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Signature of Applicant

Signature of Spouse

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

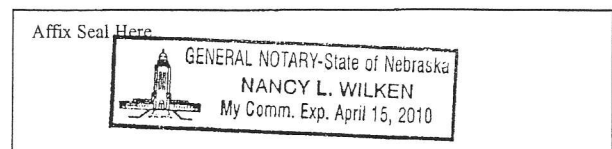
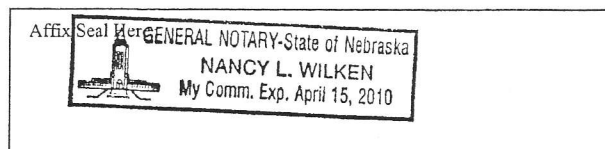
The foregoing instrument was acknowledged before
me this Oct 5, 2009 by

Tommy L. Jelsma
Nancy L. Wilk
Notary Public signature

County of Lancaster

The foregoing instrument was acknowledged before
me this Oct 5, 2009 by

Norma C. Jelsma
Nancy L. Wilk
Notary Public signature



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Patrick T. O'Brien

Name of Corporation that will hold license as listed on the Articles

The Grove Bldg., Inc.

Corporation Address: 340 W. Cornhusker

City: Lincoln State: NE Zip Code: 68521

Corporation Phone Number: _____ Fax Number: _____

Total Number of Corporation Shares Issued: 10,000

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Jelsma First Name: Tommy MI: L

Home Address: 2445 N.W. 4th City: Lincoln

State: NE Zip Code: 68521 Home Phone Number: 402-474-2511

Tommy J. Jelsma

Signature of president

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

Oct 5, 2009

date

by

Tommy L. Jelsma

name of person acknowledged

Nancy L. Wilken

Notary Public signature

Affix Seal Here



GENERAL NOTARY-State of Nebraska
NANCY L. WILKEN
My Comm. Exp. April 15, 2010

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Jelsma First Name: Tommy MI: L

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares 0

Spouse Full Name (indicate N/A if single): Norma C. Jelsma

Spouse Social Security Number: _____ Date of Birth: _____

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

Last Name: Jelsma First Name: Norma MI: C.

Social Security Number: _____ Date of Birth: _____

Title: Vice-President Number of Shares 0

Spouse Full Name (indicate N/A if single): Tommy L. Jelsma

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Elam First Name: Kimarra MI: _____

Social Security Number: _____ Date of Birth: _____

Title: Secretary Number of Shares 0

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Jelsma First Name: Connie MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares 0

Spouse Full Name (indicate N/A if single): NA

Spouse Social Security Number: _____ Date of Birth: _____

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Tommy L & Norma C Revocable First Name: Living Trust MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares 10000

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

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Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares 10,000

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

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If yes, provide the name of corporation and supply an organizational chart

NEBRASKA LIQUOR
CONTROL COMMISSION

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: January 1

Ending Date: December 31

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

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**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: The Grove Bldg., Inc.

Premise information

Premise License Number: _____

Premise Trade Name/DBA: The Grove

Premise Street Address: 340 West Cornhusker

City: Lincoln State: NE Zip Code: 68521

Premise Phone Number: _____

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

Tommy S. Jeloma

✓ **CORPORATE OFFICER SIGNATURE**
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

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Gender: ☒ MALE ☐ FEMALE

NEBRASKA LIQUOR
CONTROL COMMISSION
MI: L

Last Name: Jelsma First Name: Tommy

Home Address (include PO Box if applicable): 2445 N.W. 4th

City: Lincoln State: NE Zip Code: 68521

Home Phone Number: 402-474-2511 Business Phone Number: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth _____ Place Of Birth: Lincoln, Nebraska

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: Jelsma First Name: Norma
MI: C

Social Security Number: _____ Drivers License Number & State _____

Date Of Birth _____ Place Of Birth: Lincoln, Nebraska

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT			SPOUSE		
CITY & STATE		YEAR FROM TO	CITY & STATE		YEAR FROM TO
Lincoln, Nebraska		1999 2009	Lincoln, Nebraska		1999 2009

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
	Self		

Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

1. **READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☐ YES ☒ NO If yes, please explain below or attach a separate page.

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NEBRASKA LIQUOR
CONTROL COMMISSION

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES ☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES ☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES ☐ NO

PERSONAL OATH AND CONSENT OF INVESTIGATION

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The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant and/or spouse will be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Commission

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

Tommy L. Jelsma
Signature of Manager Applicant

Norma C. Jelsma
Signature of Spouse

State of Nebraska

County of LancasterCounty of Lancaster

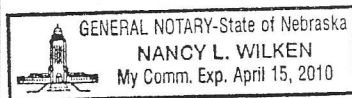
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me this Oct 5, 2009 by

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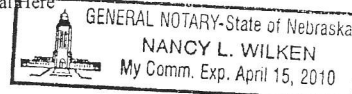
Tommy L. Jelsma
Nancy L. Wilk
Notary Public signature

Norma C. Jelsma
Nancy L. Wilk
Notary Public signature

Affix Seal Here



Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

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[illegible]

BIRTH REGISTRATION CARD
NEBRASKA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
LINCOLN, NEBRASKA

NAME: [REDACTED]
DATE OF BIRTH: [REDACTED]
PLACE OF BIRTH: [REDACTED]
PLANNED DATE: [REDACTED]

SEX: FEMALE
5-30-80

THIS IS A TRUE CERTIFICATION OF THE FACTS AS REPORTED BY THE REGISTRAR.
SIGNED: [Signature]
OFFICIAL: [Signature]
BUREAU OF VITAL STATISTICS